PTO/SB/30 (10-01)
Approved for use through 10/31/2002. OMB 0651-0031

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REQUEST	Application Number
FOR CONTINUED EXAMINATION (RCE)	Filing Date
OF E TRANSMITTAL	First Named Inventor
Address to: Commission for Patents Box RCE Washington, DC 20231	Art Unit
Washington, DC 20231	Examiner Name
TRADELLER.	Attorney Docket Number
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of th Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted	to any utility or plan ap
Submission required under 37 CFR 1.114 a. □ Previously submitted	
 i. □ Consider the amendment(s)/reply under 37 CFR 1.116 pre ii. □ Consider the arguments in the Appeal Brief or Reply Brief 	

	s a valid OMB control number.
Application	
Number	10/820,695
Filing Date	
	April 9, 2004
First Named	
Inventor	Peters
Art Unit	* *
	1751
Examiner Name	
	Gregory R. Delcotto
Attorney Docket	
Number	AIRP.0001

bove-identified application.
any utility or plan application filed prior to June 8,
the USPTO) on page 2.

b.	ĭ. ⊠	Respoi	nse/Prelimin	nary Amendmer	nt						sure Statement (h Extension of T	•		
a.	liscellan	ieous uspensic m	on of action o	on the above-io							under 37 CFR 1 FR 1.17(i) required)	.103(c	c) for a	
b.	3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. ☑ The Director is hereby authorized to charge any additional fees, or credit any overpayments to Deposit Account No. 08-1480 i. ☑ RCE fee required under 37 CFR 1.17(e) ii. ☑ Extension of time fee (37 CFR 1.136 and 1.17) iii. ☑ Other: excess claims fee b. ☑ Checks in the amount of \$790.00 for the RCE fee and \$1,020.00 for the 3-month extension fee are enclosed													
			SIGNAT	URE OF APP	LICA	NT, A	ATT	ORNEY	, OR A	GE	NT REQUIRED			
Name (Print/Type)			ap-Cartos A. Marguez		Reg	Registration NO. (attorney/agent)			34,0	072				
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Signature (1994)		Date	•	Ma	ay 29, 2007	•								
				CERTHEICAT	E OF	MA	ILIN	IG OR 1	RANS	MIS	SION			
mail in	hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the United States and Trademark Office on the date shown below.													
Na	me (Prin	t/Type)												
	Sig	gnature							Date					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradearmk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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THE UNITED STATES PATENT AND TRADEN

In re l	U.S. Patent Application of)	
PETE	RS et al.)	
Applio	cation Number: 10/820,695) Art Unit 1751)	
Filed:	April 9, 2004) Examiner Gregory R. Delo	otto
For:	PROCESS AND APPARATUS FOR REMOVING RESIDUES FROM THE MICROSTRUCTURE AN OBJECT)))	
Attori	ney Docket No. AIRP.0001)	

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

For .	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	18	15	XXX (Over 20)	x \$50	Ó
Independent Claims	5	5	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).					
ТОТ				L	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response to Office Action	[x] Petition for Extension of Time (3 months)
(w/claim amendments)	[] Terminal Disclaimer
[] Substitute Specification	Letter to Draftsperson w/ sheets of
[] Preliminary Amendment	replacement drawings
[] Information Disclosure Statement	[x] Request for Continued Examination
w/PTO Form 1449 & refs.	•

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[]	Please charge my Deposit Account Number in the amount of to cover the fees for A duplicate copy of this paper is enclosed.
[x]	Checks in the amount of \$790.00 to cover the RCE fee and \$1,020.00 for the three-month extension fee are enclosed.
[x]	The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account Number 08-1480 .
	Respectfully submitted,
	Stanley P. Fisher Registration Number 24,344 Juan Carlos A. Marquez Registration No. 34,072

REED SMITH LLP

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3110 Fairview Park Drive Suite 1400 Falls Church, Virginia 22042 (703) 641-4200 May 29, 2007